

Full Name:				Date of Birth:					
Date:		Session Applying for:				mm/dd/year			
mm/dd/y	ear	session App	Jiyirig ior.	Fall	Spring	Summer			
Office Applying for:					·				
1173	Washington, DC	Salt Lake City	St. George	Ogden					
Street Address		(City		State	Zip Code			
E-mail:		Phone:							
Are you a citizen of the	ne United States	? Yes	No)					
If no, what type of visa do you hold? From which country?									
College/University:						GPA:			
Major/Minor: Expected Graduation Date:						ı Date:			
				month/year					
Do you plan on receiving academic credit for your internship? (ch				heck one)	Yes	No			
I certify, to the best of my knowledge and belief, that the information contained herein and attached to this application is accurate, true, and complete. I understand that false or fraudulent information on or attached to this application may be grounds for not considering my application, or terminating my internship after it begins.									
Signature				Da	ite				
				A	oplication Pa	acket Checklist:			
Please submit this application form and all the required materials to internships@romney.senate.gov to be considered for an internship with the Office of Senator Mitt Romney. Only completed applications received by the deadline will be accepted. Candidates selected for an interview will be contacted by the Intern Coordinator. If you have any questions, please contact my Washington, D.C. Intern Coordinator at (202) 341-1811. Updates on application status will not be given.				Internship Application Form Current Resume Copy of Transcript Personal Mission Statement 2 Writing Samples					
							2 Letters of Recommendation		